

inhibitors (SSRIs) were the most commonly used subgroup of antidepressant drugs in both countries (63.88% and 73.76% in Finland and Serbia in 2010, respectively) which is in accordance with a current clinical practice guidelines. Eight drugs fell under DU90% segment in both observed countries, but the share of utilization of antidepressants differed between countries. Sertraline was the most commonly used in Serbia (47.73%), while citalopram and escitalopram accounted for the highest share in Finland (25.43% and 17.11%, respectively). **CONCLUSIONS:** The large differences in utilization of antidepressants between observed countries implies possible underdiagnosing of affective disorders in general practice. The differences are partly consequence of different socioeconomic and health policy factors among the selected countries. To reduce the serious consequences that may be caused on that way, the early diagnosis and timely, adequate and effective management and treatment of depression is essential. Acknowledgement: This work is supported by Ministry of Education and Science, Republic of Serbia, project No. 41012.

PMH64

THE USE OF SELECTED PSYCHOTROPIC DRUGS AMONG SENIORS ON PUBLIC DRUG PROGRAMS IN CANADA, 2001 TO 2010

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OBJECTIVES: Psychotropic drugs have been associated with an increased risk of falls, particularly when used by seniors. Unintentional falls are the leading cause of injury-related hospital admissions among seniors. This study examines the use of three psychotropic drug classes: benzodiazepines and related drugs, antidepressants and antipsychotics. **METHODS:** Claims level data from the National Prescription Drug Utilization Information System (NPDUI) Database were analyzed for seniors on public drug programs in six Canadian provinces between 2001-2002 and 2009-2010. This analysis looked at trends in selected psychotropic drug use, including use by age and sex, and a comparison of use in community and long-term care settings. Within each class, trends in use of chemical subgroups were examined. **RESULTS:** The age-sex-standardized rate of selected psychotropic drug use increased slightly during the study period, from 32.1% in 2001-2002 to 33.5% in 2009-2010. The use of antidepressants and antipsychotics increased, while benzodiazepine use among seniors decreased. In 2009-2010, the rate of selected psychotropic drug use was 74.9% among nursing home residents, compared with 34.0% among non-nursing home residents. The rate of selected psychotropic drug use decreased with age among seniors in nursing homes but increased with age among those not in nursing homes. **CONCLUSIONS:** Further investigation of the use of these drugs in seniors is required, particularly among older seniors and seniors living in nursing homes, where rates of use are particularly high. The risks associated with these selected psychotropic drugs are of particular concern in seniors, who are already at heightened risk of adverse events due to the number of drugs they are taking, their higher prevalence of certain chronic conditions, and age-related changes in the body.

PMH65

PATTERNS OF USE OF ATYPICAL ANTIPSYCHOTICS IN CHILDREN AND YOUNG ADULTS

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OBJECTIVES: Use of atypical antipsychotics for conditions such as conduct disorder, depression, ADHD, and Tourette's syndrome in children is highly prevalent; however, efficacy has not been proven in clinical trials. A DHHS letter to state Medicaid directors expressed concern over the use of antipsychotics in children and initiated steps to increase its safe, effective and appropriate use. This study examined the level of evidence available in claims to support atypical antipsychotic use in Mississippi Medicaid children and young adults. **METHODS:** A retrospective analysis was conducted using the Mississippi Medicaid claims data from 2008-2011. Pharmacy and medical claims files were linked using beneficiary ID. Prescriptions, included only if the beneficiary was below 21 years of age on the day of the claim, were classified as to whether a diagnosis to support the use of the drug appeared in medical claims within one year of the prescriptions and whether diagnoses that were in the claims were supported by evidence ratings provided in Micromedex. **RESULTS:** The 7,487 beneficiaries eligible for the study accounted for a total of 107,544 prescriptions for antipsychotics. 75.6% of these prescriptions could not be associated with an identifiable mental illness diagnosis from the medical claims. Of the 26,164 prescriptions that were associated with a diagnosis, about 53% of the prescriptions were supported by evidence. Among the other 47%, which were not supported by evidence, depression, bipolar disorder and mental retardation were the most common diagnoses. **CONCLUSIONS:** It appears that some antipsychotic use in this population may not be supported by evidence and/or prescribers are reluctant to record mental health diagnoses. Since most of these prescriptions required prior authorization, diagnoses were provided but do not appear in the medical claims. The lack of supporting diagnoses in medical claims is a significant limitation when examining the use of antipsychotics among children.

PMH66

CHARACTERISTICS AND TREATMENT PATTERNS OF MEDICAID-ELIGIBLE PRESCHOOLERS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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OBJECTIVES: There is a dearth of real-world information on preschoolers with attention-deficit/hyperactivity disorder (ADHD) and few ADHD medications are approved for children under age 6. This study sought to identify characteristics and treatment patterns of preschoolers with ADHD, compare preschoolers to older children, and assess conformity with preschooler treatment guidelines which recommend behavioral interventions prior to pharmacotherapy. **METHODS:** Medicaid beneficiaries with an ADHD diagnosis (ICD-9 314.0x) in 2010, continuous enrollment 12 months pre/post the earliest diagnosis ('index'), and a confirmatory diagnosis were identified in the Truven Health MarketScan® Multi-State Medicaid Database. Preschool (age 4-5), school-age (6-11), and adolescent (12-18) cohorts were based on age at index. Age cohorts were compared on patient characteristics, behavioral health services, and prescription drug claims using MarketScan Treatment Pathways. **RESULTS:** The sample (10,347 preschoolers; 70,101 school-age children; 43,347 adolescents) was predominantly male. Significantly ($p < 0.001$) more preschoolers had learning disabilities and hearing disorders (16%, 12%) than school-age children (12%, 6%) and adolescents (5%, 4%). Depression and anxiety rates increased significantly with age from 4% and 6% in preschoolers to 18% and 10% in adolescents. Methylphenidate and amphetamine salt combinations were the main ADHD medications across all cohorts, but preschoolers were less likely to receive long-acting formulations. Dextroamphetamine, clonidine, and guanfacine utilization was higher in preschoolers; atomoxetine and lisdexamphetamine utilization was higher in older children. Within 30 days of diagnosis, 54% of newly-diagnosed preschoolers filled an ADHD medication prescription versus 62% school-aged children and 58% adolescents ($p < 0.001$). Corresponding behavioral health services rates were 29%, 26% and 34% ($p < 0.001$). **CONCLUSIONS:** Most children with ADHD are treated with medication; predominant medications differ by age group. In contrast to treatment guidelines suggesting preschoolers try behavioral interventions before medication, over half of newly-diagnosed preschoolers filled ADHD prescriptions within a month of diagnosis but less than a third incurred behavioral health services.

PMH67

OUTPATIENT TREATMENT PATTERNS FOR SCHIZOPHRENIA IN THE UNITED STATES: A NATIONALLY REPRESENTATIVE ANALYSIS USING NAMCS AND NHAMCS DATA

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OBJECTIVES: Antipsychotic medications are the primary pharmacologic treatment for schizophrenia. This study characterized the outpatient medication treatment patterns for schizophrenia from 2003-2010 in the United States. **METHODS:** Data from the National Ambulatory Care Survey (NAMCS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS) for 2003-2010 were pooled and weighted to provide national level estimates. Schizophrenia was identified using the ICD-9 code 295.xx. The data contained information on 3,211 visits for schizophrenia, representing 22.3 million outpatient visits in the United States during 2003-2010. Using procedures that reflected the multistage sampling of the surveys, representative estimates were made for patient and physician characteristics, payer type, and medication use patterns. **RESULTS:** Most schizophrenia visits were covered by Medicare (35.7% [31.2%-40.4%]) and Medicaid (35.2% [31.4%-39.2%]) rather than private insurance (13.1% [10.5%-16.1%]). Antipsychotics were prescribed at most visits (78.8% [75.1%-82.1%]), including antipsychotic polypharmacy at 21.5% [18.4%-25.1%] of visits, second-generation antipsychotic (SGA) monotherapy at 45.3% [41.5%-49.2%] of the visits, and first-generation antipsychotic (FGA) monotherapy at 11.9% [9.6%-14.7%] of visits. The most commonly used antipsychotics were risperidone (25.1% [21.8%-28.7%]), olanzapine (22.7% [19.7%-26.0%]), and quetiapine (16.5% [12.8%-20.9%]). Quetiapine was most strongly associated with antipsychotic polypharmacy (55.4% [44.8%-65.6%]) and concomitant use of anticonvulsants (38.0% [25.7%-52.1%]), sedatives (44.5% [32.5%-57.2%]), and antidepressants (55.5% [42.6%-67.7%]). Risperidone (23.2% [16.7%-31.2%]) and FGAs (35.8% [29.6%-42.6%]) were associated with highest rates of anticholinergic use. Rates of polypharmacy, FGA monotherapy, and SGA monotherapy did not change significantly across the study period ($p = 0.396$). **CONCLUSIONS:** Meaningful differences exist between outpatient visits for different antipsychotics in terms of antipsychotic polypharmacy, concomitant psychotropic, and non-psychotropic medications. This analysis demonstrates the utility of the NAMCS and NHAMCS data for investigating disease states and their treatment patterns.

PMH68

DIFFICULTY USING SERVICES FOR CAREGIVERS OF CHILDREN WITH AUTISM SPECTRUM DISORDERS (ASD)

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OBJECTIVES: To examine the difficulty using services reported by caregivers of children aged 3-17 years with ASD as compared to caregivers of children with other developmental disorders (DD) and mental health conditions (MHC). **METHODS:** A cross sectional study was conducted using the 2009-2010 National Survey of Children with Special Health Care Needs (NS-CSHCN) (N = 18,702). Difficulty using services was assessed as issues with: eligibility, availability, getting appointments, cost, and obtaining information. Chi-square analyses and separate binomial logistic regressions were conducted to compare likelihood of difficulty with all five measures across ASD, DD only, MHC only, and DD & MHC groups, after adjusting for socio-demographics, number of special children in the household, child's functional ability, and presence of a physical condition. **RESULTS:** Majority of the sample were older children (6-17 years), Whites, caregivers with ≥200% FPL income and greater than high school education.